

2019 Annual Nursing Report







Penn Medicine
Princeton Medical Center

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Nursing Excellence — Today and in the Future

Sheila Kempf, PhD, RN, NEA-BC

Vice President, Patient Care Services and Chief Nursing Officer

I am honored to introduce the 2019 Nursing Annual Report. This report is filled with nursing accomplishments throughout our organization. As you read through the stories, take pride in what you have achieved. To have accomplished all of this while merging with Penn Medicine...now that is the definition of success!

As I approach the end of my first year as Chief Nursing Officer, I am inspired, humbled, and grateful to have joined such an organization. I have been so impressed with the nursing care you provide, the team attitude you possess, and the passion for excellence you embrace. And you have done it all while undergoing a considerable transition. You have handled the change with enthusiasm, patience, and a positive attitude. That is not easy. But it is an example of nurses, in a true Magnet organization, who are committed to positive transformation and excellence. I am proud to say, you have come through it with great success.

You are a remarkable group of nurses, leaders, and educators! I continue to be impressed not only by your expert knowledge, but by your compassionate care for patients. I receive many letters, emails, and calls describing wonderful acts of kindness and caring. It makes me proud to work with such a dedicated staff.

But we can't stop here. We must continue to grow, strive to be the best, and continue the tradition of the past 100 years. Thomas Jefferson once said, "If you want something you've never had, you must be willing to do something you've never done."

I have faith that you can continue to reach new heights in patient satisfaction, safety, and quality, while improving your quality of life as well. I am passionate about helping you to achieve these goals. I believe you are shining stars, and will continue to reach new heights. Be proud of all you have accomplished this year, and embrace the new challenges we face in the years to come. Together we can achieve even greater excellence in our professional practice!

Thank you for being so dedicated to your patients, to each other, and to our hospital. I am extremely grateful and proud to call you my colleagues!



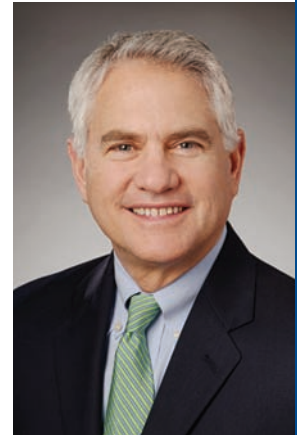
A Letter from the President

Barry Rabner, President and CEO

As nurses at Penn Medicine Princeton Health, you truly embody our mission and values in every interaction with patients, their families and the community. You are compassionate and continually demonstrate integrity and commitment to caring for the diverse needs of our patients and their families.

This past year saw tremendous advances in patient care, exciting innovation, and new research driven by our nursing professionals. In collaboration with our interprofessional partners, you have continued to make the quality and safety of patient care a priority, achieving clinical excellence through exemplary evidence-based care.

I appreciate each of you as clinical nurses, advanced practice nurses, educators, and nursing leaders, for your dedication to your profession and your passion for ensuring excellence in patient care. Thank you for your commitment to our patients, and thank you for pushing the boundaries, having the courage to challenge the status quo and remaining flexible during our integration with Penn Medicine. Most importantly, thank you for providing a healing hand with the knowledge and skills needed to alleviate suffering and restore health and well-being.



A Message from the Chair of the Department of Medicine

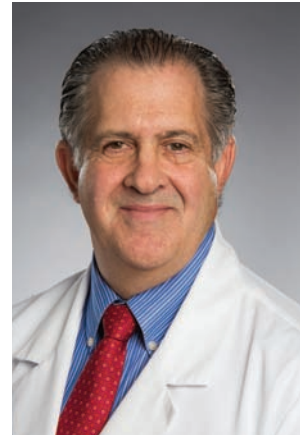
Steven R. Bergmann, MD, PhD
Chair, Department of Medicine
Senior Vice President for Medical Affairs

Everyone who has been a patient (and we will all be patients at some time in our lives) knows that the skill and compassion shown by your nurse is one of the most important aspects of healing. In fact, nurses, in the truest sense, define the patient experience. There is no other profession that can do so much for a person's wellbeing at the time of their greatest need.

Maya Angelou said it so well: "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Nurses are the lifeblood of the hospital. I know how hard you work to provide exceptional care to our patients and to the community.

While there is no greater honor or privilege than to serve others, and in many ways those of us who work in healthcare receive more than we give, working in healthcare is demanding, and at times stressful and overwhelming. Over the years, nursing has become an increasingly complex profession, and the challenges are enormous. The Medical Staff is truly grateful for all that our nurses contribute here at Penn Medicine Princeton Health.



Focusing on Zero Harm and High Reliability

Jacqueline Kavouras, MBA, RN, FACHE, CPHQ
Vice President, Chief Quality Officer
Penn Medicine Princeton Health

I would like to congratulate all of our nurses for another year of excellence. In 2019, you once again proved your ability to lead the way in our organization's commitment to high reliability and zero harm when delivering patient care.

Creating a culture of zero harm means increasing situational awareness through activities such as the patient-centered nurse report, and following process of care protocols including the prevention of hospital-acquired pressure injuries, catheter-associated urinary tract infection, and central line-associated bloodstream infections.

As our patient population continues to grow more complex as a result of longer life expectancies and, as a result, more chronic diseases, treatment often involves a behavioral health component, including those patients with a potential or intent to self-harm. The nurse-driven protocols that were developed to help create a safe environment for those patients who are identified as a risk to themselves or others is just one example of how your efforts to support the care of these patients took shape in 2019.

Looking ahead, let us continue as professionals to work toward creating an environment focused on preventing harm while ensuring clinical excellence, and continuing to put the patient first.





Princeton Medical Center Opens New Helipad

Karen Sylvester, MSN, RN, CEN, Director of Emergency Services (*top right*)

Sandra Mariani, MSN, RN-BC, Senior Nurse Manager, Emergency Department (*bottom right*)

Kathy Ryan, MSN, RN-BC, Director of Patient Care Services

On January 15, 2019, following considerable planning and coordination, Penn Medicine Princeton Medical Center received approval for a temporary helicopter landing pad just outside of the Emergency Department door. The helipad, as part of our partnership with Penn Medicine, allows us to immediately transport our most critical patients to a facility with the advanced technology to provide lifesaving measures and enhance quality of life.

That same crisp January afternoon, a panicked wife arrived with her husband, who was experiencing chest pain radiating into his back and across his shoulders. He was promptly diagnosed with a dissecting/leaking aneurysm graft, and a direct call was placed to PennSTAR, Penn Medicine's critical care flight and ground transportation services, asking if we could initiate a flight. Their response was "absolutely," and they began working to install landing coordinates in the helicopter database as the clinical nurses stabilized the patient. The clinical nurses and nursing leadership in the Emergency Department worked with the nursing supervisor to ensure a seamless transition of care for the patient when PennStar arrived. PennStar landed at Princeton Medical Center within 30 minutes.

Liftoff time was precisely 2:17 p.m. By 2:40 p.m., the patient was in the operating room at Hospital of University of Pennsylvania (HUP), being prepped for a complex, emergency surgical procedure. HUP is also part of the Penn Medicine system.

As of early December 2019, a total of 48 flights have taken place since January 15.

In photo: Jeannie Arena, MSN, RN, Clinical Nurse Leader; Michelle Guarnizo, BSN, RN, CEN, Clinical Nurse; Delaney Lawson, BSN, RN, Clinical Nurse; Karen Sylvester, MSN, RN, CEN, Director of Emergency Services; Sandra Mariani, MSN, RN-BC, Senior Nurse Manager; Tisha Payne, BSN, RN, Clinical Nurse; Maria Valades, BSN, RN, CEN, CPEN, Clinical Nurse; Haley Morin, BSN, RN, Clinical Nurse





Princeton Reduces Exposure to OR Staff with “Go Clear” Initiative

Gail Haftel, RN, Assistant Nurse Manager, Surgical Services

Lori Mozenter, RN, Clinical Nurse, Surgical Services, Co-chairs of the Go Clear Committee

As nurses, we are accustomed to taking care of our patients, but often at the expense of our own health. Many people are unaware that surgical smoke (the smoke generated when tissue is cauterized) in the Operating Room (OR) carries particles with potentially infectious virus and bacteria spores. These particles have also been found to carry harmful carcinogens such as benzene, formaldehyde, and polycyclic aromatic hydrocarbons, as well as chemicals such as toluene (found in paints, paint thinners, and nail polish remover), and acrolein (found in tobacco smoke).

In an effort to reduce exposure to surgical smoke, three of our OR nurses researched its effects on health. They then created and presented a poster called “Thank You For Not Smoking!” at the National Association of Operating Room Nurses Conference, which won a Blue Ribbon for Clinical Excellence. The nurses also began working toward obtaining the Association of Perioperative Registered Nurses (AORN) Go Clear Award, which is presented to hospitals who are committed to going smoke free.

As a result of completed research, our standard of care in daily practice now includes using a suction Bovie device for all surgical procedures. We currently have a selection of three different devices, since surgeons have different preferences depending on their needs for various procedures. These devices are attached to a suction machine, which collects and filters surgical smoke, protecting the staff, as well as the patient, from airborne contaminants.

In photo: Kimberly Oldham, BSN, RN, Assistant Nurse Manager; Gail Haftel, BSN, RN, CNOR, Assistant Nurse Manager; Jennifer Bousenberry, BSN, RN, CNOR, Nurse Manager; Diana Paczkowski BSN, RN, Assistant Nurse Manager



Osteoporosis Program: Promoting Enhanced Bone Health

Elizabeth Shokoff, MSN, RN, ONC, Orthopaedic Nurse Navigator

Osteoporosis is a chronic bone disease characterized by low bone mass and loss of bone tissue. It is linked to an increased risk of broken bones, also known as fragility fractures. Often, osteoporosis is referred to as a 'silent disease' because there are no symptoms or pain. For this reason, many individuals are unaware they have osteoporosis until a fracture occurs. Unfortunately, by that time the disease is often in its advanced stages. Eighty percent of older Americans who suffer a bone break are not tested or treated for osteoporosis.

The increased prevalence of osteoporotic fractures and their documented adverse effects on morbidity and mortality underscore the importance of optimizing bone health. Individuals who suffer fragility fractures are at a heightened risk for sequential fractures. However, only a small number of individuals seek treatment for osteoporosis. Focusing on these individuals for treatment and potentially minimizing the risk for future fractures will reduce suffering as well as ease the financial burden for health care systems. In an effort to close this care gap, promote treatment for osteoporosis, and improve patient outcomes, Penn Medicine Princeton Medical Center established an Osteoporosis Program.

The primary goal of the Osteoporosis Program is to increase awareness by providing education on the importance of early diagnosis and treatment. Furthermore, the program aims to prevent future fractures in individuals who have sustained fragility fractures. The program utilizes an interdisciplinary team and a coordinated preventive care model, whereby individuals are referred to specialty physicians, as well as outpatient resources such as nutrition and physical therapy. Follow up care with primary care physicians is strongly encouraged.

Program development began with Orthopaedic Nursing Leadership cultivating key stakeholders to partner with nursing: rheumatologists, endocrinologists, and physiatrists. These individuals are the basis of the referral system, and are responsible for diagnosis and treatment. Over time, relationships were forged with pain management and inpatient and outpatient nutrition, as well as inpatient and outpatient physical therapy programs. Hospital clinical nursing staff was tutored on the importance of bone health and actively participate in educating patients and families. All of these entities work collaboratively with Orthopaedic Nursing Leadership for a common goal.

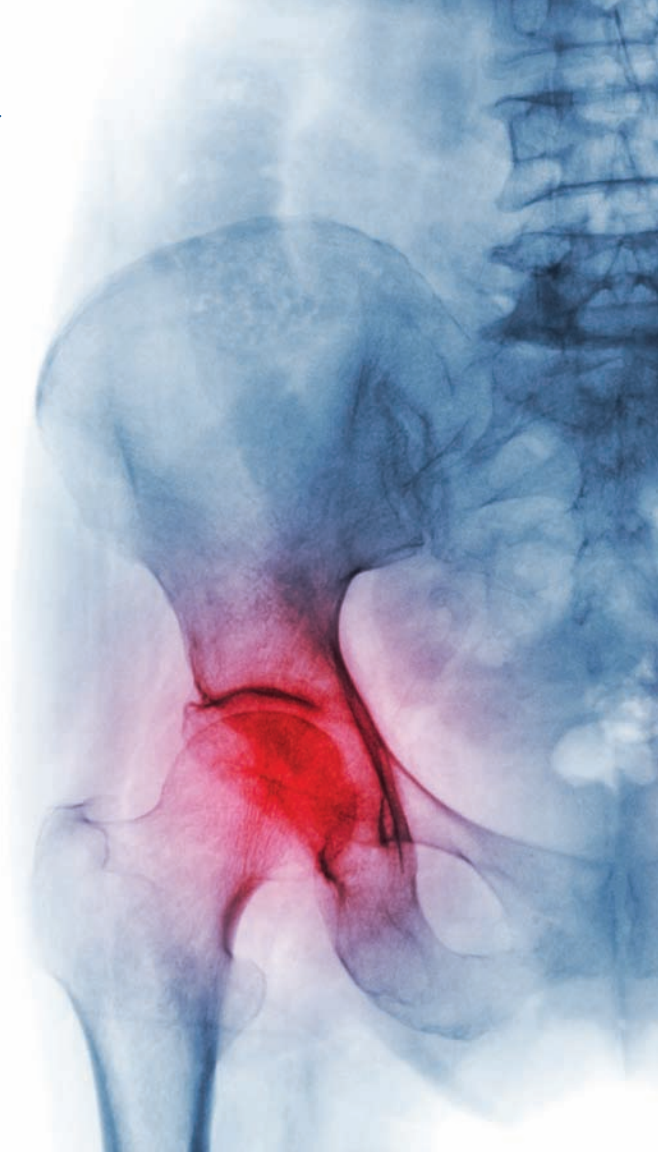
In photo: Christina Devalue, BSN, RN, ONC, Clinical Nurse Leader; Gail Hafel, BSN, RN, CNOR, Assistant Nurse Manager; Aneta Siwik, BSN, RN, Clinical Nurse; Michael Katzman MSN, RN, FNP-C, ONC, WCC, Joint Center Orthopedic Advanced Nurse Practitioner; Kathy Ryan, MSN, RN-BC, Director of Patient Care Services; Elizabeth Shokhoff, MSN, RN, ONC, Orthopedic Nurse Navigator; Dr. Meelan Patel

As part of its commitment to quality care, the program joined Own the Bone®, a web-based registry. The registry aids in identifying, evaluating, and treating individuals with fragility fractures who are also at risk for osteoporosis. With the assistance of Own the Bone®, a patient folder containing an introductory letter, referral list for various physicians, and information on nutrition and outpatient physical therapy programs was created for patient and family educational purposes. The registry allows the program to benchmark its enhancements in patient care internally as well as externally.

Upon admission to the orthopaedic floor, nursing completes the case report form for enrollment in Own the Bone® and provides education on osteoporosis to the patient and the family. A nutrition consult and physical therapy consult are also provided. Education and coordination of care is ongoing by nursing, physical therapy, and other members of the interdisciplinary team. Post-operatively, visits are provided by the nurse practitioner to address medication questions and other medical concerns, as well as review discharge plans and any needed follow-ups. Post-discharge follow-up calls are conducted by a member of the orthopaedic nursing leadership team, with the goal of encouraging scheduling of follow-up appointments and reviewing medications.

Fracture prevention is of the utmost importance. Thus, ideally, the program strives to target individuals outside the hospital and capitalize on providing osteoporosis education prior to fractures actually occurring. The orthopaedic nursing leadership frequently provides lectures to the surrounding community on osteoporosis prevention and treatment. Further information about the program can be found on the newly designed Penn Medicine Princeton Medical Center Osteoporosis Program webpage. Physician offices will be educated on the program and provided with a brochure about the program to further stimulate interest in osteoporosis education and treatment in the community. The lectures and the webpage have been well received and have prompted numerous questions from the community, thereby necessitating the need to create a virtual office with a phone number and email address for outpatients to contact staff for information about the program.

The team has admirable goals for future program development. There is much more on the horizon for this up and coming program.





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Princeton House Behavioral Health Invigorates RN Education

Kathleen Haughey-Eannone, MSN, RN-BC, Nurse Manager, PHBH Wing 3 Detox and DD Unit
Lopa Patel, DNP, RN, ONC, Professional Development Specialist

In 2019, Penn Medicine Princeton House Behavioral Health (PHBH) began an education needs assessment for the facility's staff and patients. The nursing staff at the facility established several new committees to address the changing landscape of patient care needs, as well as to prepare our nursing staff to better meet those needs.

One committee formed by several staff registered nurses is looking at patient curriculum related to coping skills and substance use disorders. Through the development of creative and interactive groups for patients, the committee's goal is to better prepare them for discharge and increase their recovery success. Training will be provided for staff to prepare them to implement the interactive groups.

Another committee was formed to address the issue of bag and body searches for the facility. The committee proposed several ideas for improvement, resulting in the implementation of a comprehensive search competency and a presentation for staff and new hires. Several ancillary staff members involved have become proficient at the tasks and are now responsible for validating the competency of nursing employees.

Additionally, a need was identified for in-person training for all new PHBH employees. An orientation program was developed to ensure new employees receive the necessary training to work with this distinctive acute population. The first orientation class took place the week of October 8, 2019. Since that time, classes have been held monthly, directly following the general Human Resources orientation. During the session, all the committees have the opportunity to discuss their work and expectations, including the Diabetic Committee, which has been established at the facility for some time.

In photo: Kathleen Haughey-Eannone, MSN, RN-C, Nurse Manager; Laura Mastrocola BSN, RN, Clinical Nurse; Matthew Holak, MHA; Bridget Velez, BSN, RN, Clinical Nurse; Nicole Demetroulakos, BSN, RN, Clinical Nurse; Linda Lee, RN, Clinical Nurse; Ion Cruceru BSN, RN-C, Nurse Manager; Kelly Toller, BSN, RN-C, Clinical Nurse; Lopa Patel, DNP, RN, Professional Development Specialist



Meet Super Tory®

Sue Straszynski, MSN, RNC-OB, C-EFM, CPLC, Professional Development Specialist, Perinatal Bereavement Coordinator

The Department of Education was the recipient of Gaumard Super Tory®, the world's most advanced newborn simulator. The simulator moves like a newborn and provides the opportunity for nurses to be trained in respiratory support and real patient monitoring so that they can develop the skills needed to handle any neonatal emergency. Active movement, true respiratory support, and real patient monitoring helps nurses develop the skills needed to handle any neonatal emergency. The simulator will be used for neonatal and pediatric drills, and has the capability to create medical scenarios that will enable Children's Hospital of Pennsylvania (CHOP) neonatologists, pediatricians, and nurses to work together to simulate complex scenarios with unparalleled realism.

Some of the simulator's features include:

- Full-term newborn weighing in at 8 lbs. 21 in.
- Wireless and tetherless up to 8 hours
- Smooth and supple, with full body skin
- Realistic crying and grunting
- Programmable movement, including blinking rate of eyes opened/closed; gasping and clenching of mouth; and arm, leg, and wrist flexion and extension
- Seizures involving single limb, unilateral, or full body movement
- Heart and lung sounds and palpable pulses

The purchase of Super Tory is made possible by a generous gift from Jack and Anne Rabinowitz.



In photo: Susan Straszynski, MSN, RNC-OB, C-EFM, CPLC, Professional Development Specialist, Perinatal Bereavement Coordinator; Kenneth McDow, RRT-NPW, FAAP, NICU Coordinator, Respiratory Care; Shana Joshua MSN, RN, CBC, Clinical Nurse



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Community Wellness: Nurses Provide Crucial Education and Support

Deborah Millar, RN, Director of Community Wellness

Nurses deliver a crucial service in educating our patients and the general public through the Princeton Health Community Wellness department. Nurses, nurse educators, and other professionals provide health screenings and host trainings, informational sessions, and support groups throughout the year.

In the Center for Maternal & Newborn Care at Princeton Medical Center, nurses from Community Wellness teach more than 300 classes annually, covering a variety of maternity and postpartum topics. Expectant parents can take part in childbirth and prenatal breastfeeding classes and lactation consultations. On the unit, nurses teach infant bath and discharge classes to new parents. After discharge, they provide lactation consultation and postpartum callbacks to check on moms and babies. Nurses also host support groups, including Bright Beginnings, a weekly educational and social group for parents and caregivers of infants; breastfeeding and postpartum adjustment groups; and UNITE, a group for parents who have experienced perinatal or newborn loss.

Nurses also were among the instructors who helped train more than 1,000 people in lifesaving fundamentals during Free CPR Week that was organized by Community Wellness in April 2019. The free CPR classes were held throughout Middlesex, Mercer, and Somerset counties, in locations that included churches, schools, senior centers, and libraries.

Community Wellness provides more than 2,000 programs annually, serving approximately 50,000 individuals in our region.

CPR Education is generously supported by the George H. and Estelle M. Sands Fund for Cardiac and Pulmonary Care.





Acute Rehab Receives CARF Re-Accreditation

Humility Sumayang, BSN, RN-BC, Senior Nurse Manager, Medical Neurology Oncology and Acute Rehab Units

It has been a very successful year for the Acute Rehabilitation Unit, and the nursing and support staff continues to explore evidence-based practices to improve stroke rehabilitation.

In May 2019, thanks to the work of the Acute Rehab Operations Committee—an interprofessional team of clinical nurses, physicians, social workers, physical and occupational therapists and speech language pathologists—the unit obtained a three-year Commission on Accreditation of Rehabilitation Facilities (CARF) re-accreditation on its Comprehensive Integrated and Inpatient Rehabilitation Program. The unit also obtained three-year accreditation on its Comprehensive Stroke Rehabilitation Program.

In January 2019, in order to enhance and further expand our Comprehensive Stroke Rehabilitation Program, the unit implemented group dance movement therapy, multiple wellness activities including pet therapy and healing garden walks, utilization of the Stroke Rehabilitation Assessment of Movement (STREAM) Assessment, and the use of the FITMI Software for continued stroke rehabilitation after an acute rehab stay. The Acute Rehab Unit also implemented a community outreach program called Little Stroke Heroes, which teaches elementary school children the signs and symptoms of stroke. Additionally, the stroke support group continues to meet monthly, serving the needs of those recovering from stroke, and their caregivers.

In photo: Susan Jafar, MSN, RN, ONC, CNL, Clinical Nurse Leader; Jenny Bestwick, LCSW; Megha Pandya, PT; Kathleen Cooney, BSN, RN, Clinical Liaison; Morris Wambua, RN, Clinical Nurse; Humility Sumayang, BSN, RN-BC, Nurse Manager; Paula Wardlow, RN, CRRN, Clinical Liaison; Maryann Protz, RN, CRRN, Assistant Nurse Manager



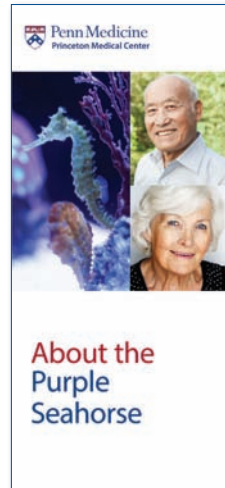
Princeton Launches Dementia-Friendly Initiative

Allison Healy, MSN, RN-BC, Clinical Nurse Leader, ACE Unit and Clinical Decision Unit

Jenna Magid, BSN, RN-BC, Clinical Nurse, ACE Unit

Penn Medicine Princeton Medical Center prides itself on providing high-quality nursing care to patients with dementia on the Acute Care of the Elderly (ACE) Unit.

Jenna Magid, BSN, RN-BC, Staff Nurse, ACE Unit, and a 2019 succession planner, with her mentor, Allison Healy, MSN, RN-BC, Clinical Nurse Leader, ACE Unit and Clinical Decision Unit, determined there was a hospital-wide opportunity for education and training of staff on dementia and the challenges patients with the disease face while hospitalized. With the help of Alzheimer's New Jersey and David Barile, MD, a dementia-friendly initiative was developed. In preparation for the August 2019 go-live, all hospital staff members were provided materials on how to best meet the physical and emotional needs of patients with dementia.



A purple seahorse magnet was designed to be secured on the doorframe of patients with dementia as a tool to easily identify this patient population. When the purple seahorse is in place, staff members are alerted to speak clearly and carefully, to avoid confusing the patient. Initiated by the primary nurse, an educational trifold is distributed to families and caregivers, explaining the program and highlighting resources available to them.

Since the program's implementation, staff members have received additional education through distribution of a Knowledge Link course, educational huddle, and new employee orientation.

The Dementia Friendly Program is supported by The Arnold and Katherine Snider Geriatric Endowment.

In photo: Daphne Berei, MSN, RN-C, Senior Nurse Manager; Allison Healy, MSN, RN-BC, Clinical Nurse Leader; Jenna Magid, BSN, RN-BC, Clinical Nurse; Dr. David Barile





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PMC Designated as a Primary Stroke Center

Phil Tran, BSN, RN, Stroke Program Coordinator; and Jillian Ventura, BSN, RN, Clinical Nurse, MNO Unit

In early 2019, Penn Medicine Princeton Medical Center (PMC) applied to The Joint Commission for Advanced Certification as a Primary Stroke Center. In order to receive this designation, applicants must adhere to all of the stroke core measures, a set of evidence-based practices endorsed by The Joint Commission and the American Heart/American Stroke Association. The stroke core measures include things such as prophylaxis for venous thromboembolism, assessing patients for rehabilitation needs, discharging patients with medications to help prevent future blood clots, and providing stroke education to patients and their families. These core measures are collected and reported to regulatory agencies to ensure the stroke program is meeting quality and safety standards. Patients who have their core measures needs addressed have lower mortality and morbidity, and more favorable outcomes.

As part of the preparation, clinical staff on the Medical Neurology Oncology (MNO) Unit identified an issue with communication between staff regarding which core measures were complete and which were still outstanding. To address this issue, a project was initiated by Jillian Ventura, BSN, RN, Clinical Nurse, MNO Unit, to create a handoff tool nurses could use during bedside shift report to improve communication. The tool included all of the stroke core measures, in sequential order, beginning with the core measures that needed to be completed on admission and ending with core measures that needed to be completed before discharge. As the nurse completed each core measure with a patient, he or she could check off the corresponding box to track which items were outstanding. The handoff tool would travel with the patient throughout their stay, so each oncoming nurse could easily see what had been completed and which tasks remained.

The tool was piloted on the MNO Unit and was well received by the staff. In fact, it was so successful that it was eventually rolled out to other units. Because of the hard work and dedication of PMC's nurses, compliance with stroke core measures has improved to meet accepted standards. After a successful on-site survey, the stroke program was officially certified by The Joint Commission as a Primary Stroke Center on June 3, 2019.





Heart Safe Motherhood Program Launched

Kelly LaMonica, MSN, RN, RNC-OB, EFM, Perinatal Clinical Nurse Leader (right)
Ellen Winkle BSN, RNC, Clinical Nurse, Labor & Delivery

In 2019, the Heart Safe Motherhood Program was launched to track blood pressure readings from home for a select group of new mothers. Patients with preeclampsia and other medical conditions are enrolled in the program while still in the hospital. The goal is to catch rising blood pressure before it becomes a problem, so we can keep patients out of the hospital and safe at home.

Patients send their blood pressure readings back to us by text. Unless directed by a doctor or midwife, they will not need to come back for an in-office blood pressure check. A computer program, Way to Health, is used to collect blood pressures readings. A physician then monitors them and follows up with the patients as needed.

On average, 25 to 30 patients are enrolled in the program per month. Approximately 85 percent of patients have maintained compliance with text messaging their blood pressure results, and since the program's launch, none of the participating patients have required readmission to the hospital.

Kelly LaMonica, MSN, RNC-OB, EFM, and Ellen Winkle, BSN, RNC, worked with Adi Hirschberg, MD, from Penn Maternal Fetal Medicine, to implement the program.



In photo: Jennifer Hollander, MSN, RN, Director of Patient Care Services; Ellen Winkle, BSN, RNC, Clinical Nurse; Kelly LaMonica, DNP, RN, RNC-OB, EFM, Perinatal Clinical Nurse Leader

Reducing the Exposure of Ionizing Radiation During Cardiac and Peripheral Interventional Procedures

Mindi Nahoum, MA, RN, Senior Nurse Manager, Interventional Services

In recent years, concern has increased from interventional radiologists, cardiologists, and the interventional nursing staff over radiation dose exposure from angiographic X-ray imaging systems. This is partly due to years of research showing the impact of radiation exposure on the job, with interventional physicians having higher rates of left-sided brain tumors, skin cancer, changes in the lens of the eye (a precursor to cataracts), thyroid disease, and neuro-degenerative disease. Additionally, wearing heavy lead aprons over the course of their careers, interventionalists and staff members have higher rates of associated back pain issues. To add to the concern, transcatheter procedures have become more complex and take longer to complete as compared to a decade ago; this increases exposure during procedures.

Occupational radiation protection requires both the appropriate education and training for the interventional radiologist and the availability of appropriate protection tools and equipment. Protection measures must also comply with local and national regulatory agencies.

In 2017, Robert Berger, MD, Chair of Radiology; Elliot Sambol, MD, an endovascular surgeon; and Andrew Shanahan, MD, Director of the Cardiac Catheterization Lab; as well as physicians, physicists, senior leadership, and clinical nurses who work in the suites, decided to pursue a solution. We wanted to change our behavior as well as our equipment to help reduce our exposure, and protect ourselves. In addition, new technology was available to decrease the radiation dose by as much as 70 percent. We had a mission.

To assist in significantly reducing staff radiation exposure from fluoro imaging, the team researched available equipment and requested an upgrade to all of our angiographic suites (Cardiac Catheterization Lab, Hybrid Operating Room, and Interventional Radiology). In 2019, two of the three rooms, the Cardiac Cath Lab and the Hybrid OR, were upgraded with the Philips AlluraClarity System, which can help lower standard procedural radiation dosage by 50 to 75 percent. ClarityIQ technology enables excellent image quality at low-dose settings for patients of any size. The most appropriate image quality is provided for all clinical applications at the lowest possible X-ray dose according to the as low as reasonably achievable (ALARA) principle for dose. The comprehensive suite of technologies includes beam filters and real-time dose indicators.

The Interventional Radiology Suite will be upgraded in early 2020 with the AlluraClarity system as well as the Philips FlexVision XL, which provides outstanding viewing flexibility. Using a large, high-definition LCD screen, it allows you to display multiple images in a variety of layouts, each tailored for your specific procedure. FlexVision XL provided full control over the viewing environment from table side.

The team also worked with Penn Medicine in Philadelphia to change vendors for innovative lightweight X-ray shielding aprons for the Interventional and Cardiac Catheterization Lab physicians and staff members. Composed of bismuth instead of lead or tungsten, the skirts, vests, aprons, and thyroid protectors are approximately half the weight of lead and provide 0.5 mm lead equivalent protection. They are designed to provide clinicians with a lightweight solution to reduce back pain and the limiting mobility of heavy aprons.

Lastly, we added RADPAD® to our equipment list, which is the only clinically proven, non-lead, non-vinyl, lightweight, disposable shield that can guarantee a 95 percent reduction in X-ray scatter radiation.

Our interdisciplinary team continues to meet to reduce the amount of radiation for patients, proceduralists, and clinical nurses who work in the labs on a daily basis.





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Ambulatory Surgery Center Prepares for Pediatric Emergencies

Ellen Kenny, BSN, RN, Nurse Manager, Endoscopy and Peri-Op Services

In the summer of 2019, the Ambulatory Surgical Department set out to establish guidelines for pediatric patients so medication dosages administered in an emergency could be standardized across all surgical services. Standardization was a needed improvement for patient safety, as many clinical nurses in the surgical services department float between units on a regular basis.

A small team of educators and staff nurses explored the options available for emergency medicine for the pediatric patient, and chose to utilize the Broselow pediatric emergency tape, a color-coded, patient length-based tape measure that is used throughout the world for pediatric emergencies. The Broselow crash cart drawers are color coded and correspond to the tape's color-coded measurements.

We now follow a Broselow-based procedure to standardize our practice: As pediatric patients are admitted, the registered nurse prints out a weight-based medication form for all first-line emergency medications that could be administered should the need arise. This is placed in the patient's chart and follows the patient from admission to discharge. A colored bracelet, which corresponds to the Broselow emergency cart drawer, is placed on the patient's wrist, creating a quick, easy reference should a medical emergency arise.



Princeton Health Acknowledges Patient Safety Through Good Catch Program

Tina Bloemer, MSN, RN, CPHRM, FASHRM, Director Patient Safety, Quality and Risk (*top right*)

Julia Lapolla, MSJ, BSN, RN, CCRN, Patient Safety Analyst (*bottom right*)

The Good Catch Program recognizes staff members who have identified issues or situations that have the potential to result in patient harm. Often, matters that involve a “Good Catch” have the potential to negatively impact more than just one patient. By identifying these matters and determining their root cause, mechanisms can be put in place to prevent harm from occurring in the future. Recognizing and rewarding staff who identify these issues also promotes a culture of safety, where every staff member feels empowered to speak up about potential safety issues.

Some examples of “Good Catches” identified by staff over the past year include:

- An RN recognized that the prescribed dosage volume of Tylenol as indicated on the medication label did not match the volume actually contained in the vial, causing the potential for an overdose in a pediatric patient. This was remediated by Information Technology.
- A CNA floated from the Medical Neurology Oncology Unit to the Surgical Care Unit recognized the signs and symptoms of a stroke on a newly admitted patient, and alerted the registered nurse to call a Code Stroke.

- A phlebotomist at the outpatient lab, while attempting to draw labs, recognized the patient's heart rate was irregular, which resulted in the patient being sent to the Emergency Department to be evaluated and treated for an arrhythmia.
- A pharmacy technician recognized that two look-alike medications — Naloxone and Magnesium — (both with orange caps and similar labels) were stored next to each other in the code carts, which could potentially result in a medication administration error during emergency situations. This catch resulted in reconfiguration of these medications in the code cart to prevent possible error.
- A Telemetry tech noticed that tele-packs were suddenly opening unexpectedly. Upon further inspection, she realized the brand of batteries had been switched and the new brand was slightly larger, resulting in an incomplete closure of the packs. This was brought to Materials Management, which was able to switch back to the previously used brand of batteries and prevent the issue from re-occurring.
- Upon administration of Fondaparinux 1.5 mg subcutaneous, a nurse identified that the 2.5 mg pre-filled syringe did not have graduations, and there was not a safe way to accurately measure 1.5 mg. Fondaparinux is not available in a 1.5 mg pre-filled syringe in the United States. The inability to measure this dose with the available products was reported to the Institute for Safe Medication Practices.





Performance Improvement in Action: Optimizing Medication Dispensing

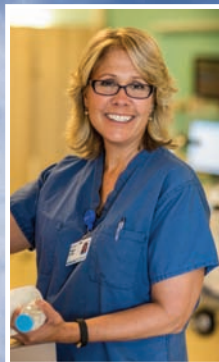
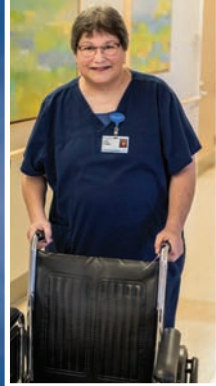
Kimberly Enterline, MSN, RN, CCRN, Professional Development Specialist

In 2019, clinical nurses identified the need to resolve challenges with medication distribution. The medication management system at Penn Medicine Princeton Medical Center is complex. This created the potential for delays in medication administration, resulting in our re-dispensing time being double the national benchmark.

Through support from Penn Medicine Academy, a resource center at Penn Medicine that helps with research, an interdisciplinary team including representatives from Nursing, Pharmacy, Patient Safety, and Performance Improvement received specialized training on how to conduct a process improvement project. Through this training, we formed a multi-disciplinary team and initiated a performance improvement project with the goal of administering medications at the due time 100 percent of the time and reducing re-dispense rates to less than five percent. Project milestones in 2019 included creating a charter, drafting a medication flow process diagram including barriers, determining current state metrics, completing observations, and identifying solutions to the problem.

Upon completion of the first phase of the project, the team plans to implement the identified solutions and monitor for success, making changes as needed.

In photo: Marcus Garand, Director of Operations Management; Lori Sletta, BSN, RN, CEN, Clinical Informatics Coordinator; Kimberly Enterline, MSN, RN, CCRN, Professional Development Specialist; Clare Ann Spadea, BSN, RN, Clinical Nurse; Brielle Hamilton, MSN, RN, CCRN, Nurse Manager; Kristyn Chiarello, BSN, RN, Clinical Nurse; Humility Sumayang, MSN, RN-BC, Nurse Manager; Julia LaPolla MSJ, BSN, RN, CCRN, Patient Safety Analyst





THE DEPARTMENT OF NURSING

Mission Statement

Our mission is to provide the highest level of compassionate and patient-centered care through innovative, evidence-based practice, education and research.



Vision Statement

The nurses of Penn Medicine Princeton Medical Center are dedicated to promoting health and caring service by providing our patients with exceptional nursing care in an environment that empowers, educates and nurtures patients and guides them and their families through the healthcare system.





Penn Medicine
Princeton Medical Center

Skin Integrity Team Certified Members Work to Gain National Accreditation

Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC, Wound/Ostomy Nurse Specialist

The Skin Integrity Team (SIT) — a multidisciplinary team of nurses, a medical advisor, surgical care representation, ancillary staff members, dietitians, physical therapists, documentation staff, and an Information Technology Department representative — continues to address the unique needs of our patient population through patient-centered clinical care. SIT uses the most current, evidence-based best practices to bring the best quality of care to our patients, while collaborating with all departments to improve patient outcomes.

The Wound Care Department, supported by members of SIT, is staffed by wound care certified (WCC) specialists who perform consults six days a week. Currently there are seven WCCs in house, and they often go above and beyond their required responsibilities. Most recently, several of the WCCs at Princeton Medical Center (PMC) were recognized by the National Alliance of Wound Care and Ostomy (NAWCO) as subject matter experts (SME) in wound care. SMEs demonstrate expert knowledge regarding wound care assessment and evidence-based best practices for treatment.

In 2019, the WCCs at PMC became involved in the NAWCO initiative to apply for national accreditation status for the WCC certification. Accreditation from a national accrediting association is considered the gold standard for nursing certifications. Gaining national accreditation was a lengthy process that required the WCCs at PMC to use their new status as SMEs to write and validate exam questions and set standards for pass/fail results.

Accreditation from the National Commission for Certifying Agencies (NCCA) was received on May 10, 2019. The NCCA granted national accreditation status to NAWCO's Wound Care Certification for demonstrating compliance with the NCCA Standards for the Accreditation of Certification Programs. The accreditation is valid for five years. NAWCO joins an elite group of more than 130 organizations representing over 315 programs that have received and maintained NCCA accreditation, which was made possible by our WCCs participation as SMEs.



Princeton Medical Center Nominates First Distinguished Nurse Clinician

Krystle Anne Coughlin, BSN, RNC-NIC, Clinical Nurse, NICU, Distinguished Nurse Clinician

As a Neonatal Intensive Care Unit (NICU) nurse for over 13 years — including more than four years with Princeton Medical Center — it was a huge honor to be inducted in January 2019 into the fourth cohort of Penn Medicine's Distinguished Nurse Clinician Academy (DNCA). The mission of the DNCA is to recognize and promote distinguished nurses in all practice settings who exemplify clinical excellence through the direct care of patients and families. The highly selective academy highlights those direct care nurses in all practice settings who are constantly motivated and are consistently going above and beyond. The main goal of the DNCA is to develop partnerships with others to improve nursing throughout Penn Medicine.

As a member of the academy, the main focus is to improve our leadership at the bedside, while also serving as a liaison between the executive team and clinical staff. Our mission is to be the cheerleaders of direct care nursing and bring back value-added strategies to improve our units and hospitals.

Penn Medicine Princeton Medical Center is well known for promoting professional development, exceptional nursing leadership, and clinical excellence. I am beyond grateful for the opportunities I have been given to grow professionally throughout my nursing career. With its passion for promoting family-centered care, Princeton Medical Center gave me the opportunity to start the NICU Family Social in January 2017. The Family Social enables current NICU families, NICU graduates,

and NICU siblings a chance to meet monthly, offer support and advice to each other, and exchange ideas on ways to improve the NICU. In addition to coordinating the monthly event, I also currently serve as the Nurse Champion for our NICU's Family-Centered QI Project.

The DNCA has allowed me to interact and connect with other leaders from other facilities throughout Penn Medicine. The three-year academy term includes monthly meetings in Philadelphia, as well as projects and seminars. The nomination process is extensive, and involves an individual nominator, two letters of support from peers, manager and direct supervisor recommendations, as well as a personal letter from the candidate. With tremendous support from my mentors and peers, I was nominated by Sue Straszynski, Professional Development Specialist and Perinatal Bereavement Coordinator, and received letters of support from my coworkers Denise Romeo and Alyssa Salerno, as well as letters of endorsement from my nurse manager, Katelyn Brennan, and Director of Nursing Jennifer Hollander.

Through our monthly meetings, the DNCA has given me more opportunities to continue my professional growth. A CNO from a Penn Medicine facility is invited to each meeting, and we get the chance to learn more about their vital roles and significance to the healthcare system. We also discuss articles and topics that may interfere with nursing care. Currently, we are working on how to minimize 'cyberloafing' and regulate cellphone use, while increasing patient satisfaction, care, and respect. The academy members understand the vital role and advantages of technology, but want to be able to utilize it effectively, without interfering with patient care and safety.

I am extremely grateful for the opportunity to be a part of the DNCA and all of the opportunities I have been given by Penn Medicine Princeton Medical Center, and look forward to continuing to grow professionally.





Nurse Residency Program Expands through Penn Medicine

Wendy Luca, MSN, RN, OCN, Professional Development Specialist

Allison Healy, MSN, RN-BC, Clinical Nurse Leader, ACE Unit and Clinical Decision Unit

The Registered Nurse Residency Program (RNRP) at Princeton Medical Center (PMC) is a comprehensive program intended for the exceptional graduate nurse interested in starting a nursing career with a well-rounded, evidence-based foundation. Although the program has been active since 2011, in 2019, PMC was welcomed into the Nurse Residency Program at Penn Medicine. The collaborative approach among the six Penn Medicine entities has built a strong cohesive relationship. In addition to the 15-week program that is traditionally offered at PMC, the 2019 cohorts are a part of a 12-month program designed to support recent nursing graduates as they transition into their first professional nursing role.

The program consists of a series of seminars and learning experiences that emphasize and develop the clinical and leadership skills necessary for the advanced beginner nurse to become a successful part of the inter-professional healthcare team. The program is nationally accredited by the Commission on Collegiate Nursing Education (CCNE), which is a voluntary peer review process that assures the residency program meets the highest quality standards.

The Penn Medicine Residency Program participates in the Vizient/AACN Nurse Residency Program™ curriculum, which includes an emphasis on critical thinking, patient safety, leadership, evidence-based practice, professional development, and patient- and family-centered care.

The 2019 RNRP at Princeton consisted of three cohorts, starting in March, August, and November, providing PMC with 36 new graduate nurses for the year. At the end of each 15-week session, the residents were placed on several different units throughout the hospital, including Labor and Delivery, Emergency Department, Critical Care, Acute Care of the Elderly, Surgical Care Unit, Telemetry, and Medical Neurology Oncology.

The RN Residency Program is supported by a generous gift from the George H. and Estelle M. Sands Foundation.



Penn Medicine
Princeton Medical Center

New-to-Practice Orientation Program Launched

Kimberly Enterline, MSN, RN, CCRN, Professional Development Specialist

Orientation of nurses provides an opportunity to enhance clinical competency, patient outcomes, and nurse retention. In 2019, Penn Medicine Princeton Medical Center developed a comprehensive specialty orientation program that allows new-to-practice nurses to be hired within specialty areas. Currently, we have an established orientation program for new-to-practice nurses in the Critical Care Unit (CCU), and similar programs are in development for Telemetry and the Emergency Department. Since the program was started, all new-to-practice nurses in CCU have participated in the program.

The specialty orientation program became feasible when Princeton Medical Center shifted to the Nurse Residency Program at Penn Medicine and gained access to Penn's Critical Care Gateway Program.

While in the process of developing the new-to-practice program, we also identified areas of opportunity to better orient newly hired experienced nurses. Each experienced nurse completes a knowledge assessment that identifies knowledge gaps, shadowing experiences, and clinical skills assessments. Information gained from the knowledge assessment guides future program developments.

A redesign of current orientation objectives and innovative methods will take place in 2020. Included in the redesign are plans to build a new state-of-the-art high-fidelity simulation center, which will provide ample opportunity to perform simulation events to aid in clinical, communication, and critical thinking skills.





Mentoring Nurses with an Eye Toward Success

Christina Brescia, BSN, RN, CAPA, Performance Improvement

Recognizing the need to provide nurses with the necessary tools to grow, advance, and attain their professional goals, Penn Medicine Princeton Medical Center launched a new Mentorship Program that aligns with Magnet standards. In June 2019, we initiated a six-month program that included nine mentor/mentee pairings. The program is designed to assist our nurses in gaining knowledge and building a solid foundation.

One of the most important steps in a mentoring relationship is proper pairing. The program administrators matched each pairing using data submitted by the applicants, including goals, expertise, and personal interests. The mentee was also provided with the opportunity to list their preference for a mentor. The program includes monthly check ins to discuss goals, progress, concerns, and milestones. At the end of the program, evaluations will be completed by the cohort so the administrators can review outcomes and evaluate any barriers/obstacles in order to implement improvements to the process. The program is designed to support our nurses in gaining knowledge and building a solid foundation.

In 2019, nine mentor/mentee pairs participated in the program. This included one Nurse Leader pair, one Nurse Manager pair, and seven clinical nurse pairs.

Mentorship is vital in nursing. It helps establish a positive environment for learning. A mentor can play a powerful role in a nurse's professional life, providing guidance, perspective and advice. With so many career paths, opportunities for advancement and specializations to pursue, mentors can help nurses identify and achieve their career goals. We are excited to be able to connect nurses from across the organization with camaraderie and support, and assist them in their development.

In photo: Ashley Mackiel, BSN, RN-BC, Magnet Program Director, Manager of Professional Practice; Wendy Luca, MSN, RN, OCN, Professional Development Specialist; Christina Brescia, BSN, RN, CAPA, Performance Improvement Nurse; Kimberly Enterline, MSN, RN, CCRN, Professional Development Specialist

Succession Planning Fellowship 2019: Jenna Magid's Story

Jenna Magid, BSN, RN-BC, Clinical Nurse, Acute Care of the Elderly Unit

My position as a registered nurse on the Acute Care of the Elderly (ACE) Unit perfectly suits my love of the geriatric population. I have enjoyed many opportunities to grow and advance in my role as a clinical nurse, and I was honored to be chosen as one of the 2019 succession planners.

I have shadowed my mentor, Allison Healy, MSN, RN-BC, in her role as Interim Nurse Manager and Clinical Nurse Leader. The program has exposed me to the many opportunities for leadership and education in nursing. Allison and I both have a passion for improving the care of patients with dementia, which sparked the planning and implementation of a hospital-wide dementia-friendly initiative. We determined that there was an opportunity for education and training of staff on dementia and the challenges patients with the disease face while hospitalized. Through collaboration with Alzheimer's New Jersey and Dr. David Barile, we developed the initiative. The program provides families and caregivers with an educational trifold that explains the initiative and highlights available resources. A purple seahorse is placed on the exterior of the patient's door to identify the need for clear communication. As a project lead in the initiative, I have presented to various levels of staff and management, and have provided hospital-wide education and training to over 300 staff members. I am proud to know the initiative will have a lasting impact on hospitalized patients with dementia.

On a unit level, I determined there was a need for additional code and rapid response education. I distributed a pre-survey to all ACE Unit registered nurses, evaluating individual confidence levels and knowledge of the code process. Pre-survey results identified the registered nurse staff felt a lack of self-confidence during code situations. I initiated bi-weekly educational huddles, which reviewed lead placement, defibrillator use, roles during a code, and code cart drawer contents. Staff members have reported an increase in code confidence since the initiation of the educational huddles. This code review structure will be maintained indefinitely.

The Succession Planning Fellowship Program has provided me with many opportunities to grow and advance in my nursing career. The program has given me the skills necessary to become an influential leader and a more confident nurse.



Succession Planning Fellowship 2019: Ellen Winkle's Story

Ellen Winkle, BSN, RNC-OB, C-EFM, IBCLC, Clinical Nurse, Labor & Delivery

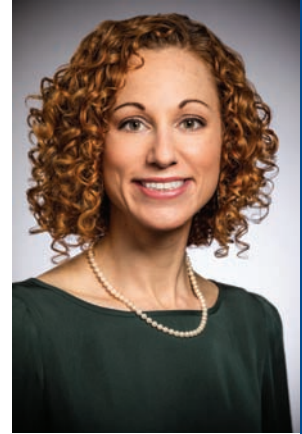
I started with the hospital as a labor and delivery nurse extern in 2003, and joined the department as a staff nurse in 2006. My passion for patient care excellence and collaborative service has grown steadily since then. I had been running the hospital's breastfeeding task force, Great Beginnings, for five years when I received the invitation to apply for the Succession Planning Fellowship. I was also beginning a master's of nursing program with an emphasis on hospital leadership, so I knew the experience would afford me opportunities to put my education into practice right away.

My succession planning projects have varied in size and scope. Under the joint mentorship of Jennifer Hollander, MSN, RN, Director of Patient Care Services for Maternal-Child Health; and Kelly Lamonica, MSN, RNC-OB, EFM, Perinatal Risk Nurse, I have had the opportunity to experience projects that are both administrative and clinical.

The biggest project has been the development and launch of Heart Safe Motherhood. The program aims to reduce postpartum readmissions related to conditions like preeclampsia and hypertension using a text messaging platform to track mothers' blood pressures for 10 days after discharge. The program has been even more successful than we hoped, and gives me the chance to collaborate with the Maternal Fetal Medicine Department.

Smaller projects have included creating standardized, quick-reference rings for every patient room on the sixth floor. The color-coded rings are designed to keep physicians and nurses on the same page regarding bedside procedures and emergency response. Other projects included the evidence-based revision to our newborn bath policy, and the planning phase of an aromatherapy hand massage service we will be offering to mothers postpartum. That project required research and interdepartmental collaboration with Community Wellness, Infection Control, and Legal. Though my year of succession planning has come to an end, I plan to continue participating in upcoming projects the department has planned.

The Succession Planning Fellowship has been one of the most rewarding experiences I have had in my years with Princeton. Project management, participation in interdepartmental meetings and collaborations, and the chance to network throughout Penn Medicine have been invaluable experiences I will use as I continue along my leadership journey and beyond.



Succession Planning Fellowship 2019: Christina DeValue's Story

Christina DeValue, BSN, RN, ONC, Clinical Nurse Leader, Surgical Care Unit

I began my journey with Penn Medicine Princeton Medical Center as a registered nurse resident in the fall of 2015. At the completion of the program, I found my home on the Surgical Care Unit (SCU). Throughout my first three years as a nurse on SCU, I sought out numerous projects and opportunities that not only improved my direct care of patients, but also advanced my skills in leadership and education. It was the continued support of dedicated nurse leaders and educators through this time that inspired me to take on new challenges.

The Succession Planning Fellowship Program has granted me the opportunity to grow within this amazing organization. I was accepted for the education track, and partnered with Elizabeth Shokoff, MSN, RN, ONC, Orthopaedic Program Coordinator; and Kathleen Ryan, MSN, RN, BC, Director of Patient Care Services and Orthopaedic Service Line, as my direct mentors. The overall goal of my project was to assist with the development and advancement of Princeton Medical Center's Osteoporosis Program.

With the leadership and guidance of my mentors, we have been able to accomplish many tasks, including, but not limited to:

- Creating an osteoporosis and hip fracture patient education folder
- Developing and performing staff education on osteoporosis and the Fragility Fracture Liaison Service
- Providing osteoporosis counseling to patients and family members while hospitalized

- Collecting data on inpatient fragility hip fractures during admission and at three months' post discharge
- Conducting American Orthopaedic Association Own the Bone® enrollment on inpatient fragility hip fractures
- Developing tracking measures and databases for both the inpatient and outpatient populations
- Designing and launching the Osteoporosis Program website
- Expanding the Osteoporosis Program to include the outpatient population, and navigating the care and referrals for these patients
- Creating a virtual office with a phone number and email address for outpatients to contact staff for information about the program
- Creating an osteoporosis brochure for physician offices
- Educating physician offices on the program and encouraging participation
- Developing a partnership with Outpatient Physical Therapy and Nutrition Services
- Designing and performing community lectures on osteoporosis prevention and treatment

This fellowship has provided me a year of tremendous growth, both personally and professionally. My goals were to enhance my skills in teaching and strengthen my leadership qualities, and I am confident that I have done just that. I look forward to further developing and advancing my career with Princeton Medical Center, and am truly excited for what's to come.





Penn Medicine
Princeton Medical Center

Succession Planning Fellowship 2019: Christina Brescia's Story

Christina Brescia, BSN, RN, CAPA, Performance Improvement Nurse

I am grateful to have been chosen for the 2019 Succession Planning Fellowship Program. I was accepted into a dual track of leadership and education. My mentors were Ashley Mackiel, BSN, RN-BC; Wendy Luca, MSN, RN, OCN; and Kim Enterline, MSN, RN, CCRN.

During the year, I worked on multiple organization-wide projects, attended many leadership meetings, collaborated with multiple disciplines, assisted with nursing education, and attended an advisory board workshop. I am most proud of the development and implementation of the Mentorship Program. This program helps nurses from across the organization build relationships, and provides a positive environment to help them achieve their goals.

With the support and guidance of my own mentors, I was able to grow both personally and professionally throughout the year. I acquired the skills and experience to take on more advanced responsibilities. The knowledge I gained was invaluable, and I hope I will be able to make a positive impact within the organization in the future.



Succession Planning Fellowship 2019: Cheryl Raymond's Story

Cheryl Raymond, BSN, RN, RNC-OB, C-EFM, Assistant Nurse Manager, Labor & Delivery

I was fortunate to be chosen as a participant for the 2019 Nursing Succession Planning Fellowship Program in the leadership and management track. I was mentored by Paddy Chehanske, RN, BSN, Nurse Manager, Labor & Delivery; and Jennifer Hollander, RN, MSN, Director of Patient Care Services. Throughout the year, I was given the opportunity to work on multiple projects and policies, attend meetings, and serve as the interim manager of Labor & Delivery.

I worked on several projects during the year. The first was transitioning Emergency Medical Treatment and Active Labor from a logbook to a paperless format. After researching government regulations to ensure compliance, I was able to educate staff on proper electronic documentation, and I worked with the Information Technology Department to obtain reports to audit compliance.

I also explored universal drug screening for drug abuse in obstetrics. The goal was to see if universal screening is something the hospital might want to institute as a result of new state requirements for reporting. Our existing policy was to only test obstetric patients considered at high risk for drug abuse. However, several hospitals in New Jersey have instituted new policies requiring testing every labor patient on admission. After a lengthy review, it was decided that we would not test every patient. A positive outcome was that a new policy was written to specify when there is a need to test and how to report results.

Additionally, I served as the interim manager of Labor & Delivery for seven weeks. This was an opportunity to fully immerse myself in a leadership role. I was able to supervise staff, perform interviews, work with vendors, hold staff meetings, and interact with different departments to keep the unit running effectively. I sat in on various meetings related to the annual budget, maternal child health, and performance improvement for obstetrics, as well as Nursing Executive Council meetings, to name a few. During my time as interim manager, the surrogate policy was due to be reviewed. Bringing the policy up to date required various meetings with different departments. The end result was a new policy providing a smoother experience for these patients. Under the new policy, patients can submit all of the necessary documentation ahead of time so that at the time of delivery, they need only arrive to the hospital and deliver the baby.

The fellowship program provided me with exposure to different aspects of the management environment that I had not experienced before. I am grateful for the opportunity to grow personally and professionally.



Succession Planning Fellowship 2019: Shana Joshua's Story

Shana M. Joshua, RN, MSN, CBC, Clinical Nurse, Pediatric Unit

I am so grateful for being chosen to be part of the Succession Planning Fellowship and the continued growth opportunities Penn Medicine Princeton Health has provided me. My career at the hospital began over 12 years ago as a direct care registered nurse. I started with the Surgical Care Unit and was provided the opportunity to gain experience and expertise within the Pediatric Nursing Unit. My passions for nursing led me to pursue my master's in nursing education, which was fully sponsored and supported by the hospital. The Succession Planning Fellowship provided me with yet another opportunity to improve my knowledge and skills with the help of Princeton Health.

Throughout the year, I worked closely with my mentors, Sue Straszynski, RN, MSN, RNC-OB, C-EFM, CPLC, Professional Development Specialist; and Katelyn Brennan, MSN, RNC-NIC, Nurse Manager, Pediatrics and Neonatal Intensive Care Unit (NICU), on the education succession track.

My primary project was organizing regular mock code drills by using a high-fidelity simulator for the NICU, Pediatric and Emergency Department. The project has allowed me to work with Children's Hospital of Pennsylvania (CHOP) pediatricians and neonatologists to enhance the quality of patient care and educate staff via simulation-based training on Super Tory®, an advanced high-fidelity infant simulator. The simulator provides valuable experience and training in how to properly handle a pediatric and neonatal emergency situation.

In addition, I have focused on:

- Provided assessment of pediatric educational gaps and coordinated training for staff based on their needs
- Coordinating "Meds to Bed" in the Pediatric Unit to improve the discharge process, medication education, and patient satisfaction
- Educating at Skills Fairs for labor and delivery nursing assistants and techs

I look forward to using my experience from this program to improve the level of education and support provided to our staff at Princeton Health.



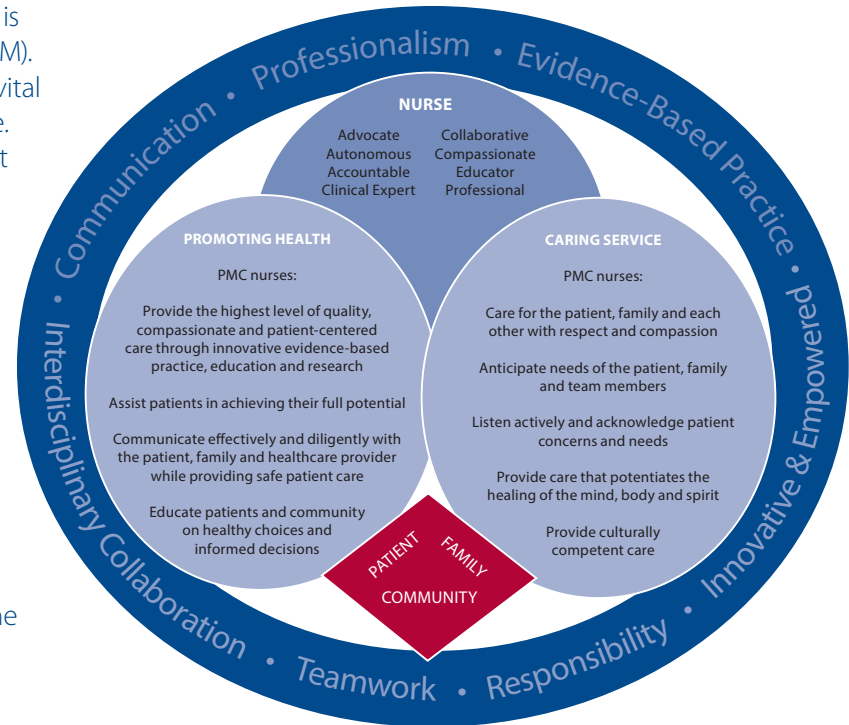
PMC Develops New Professional Practice Model

Ashley Mackiel, BSN, RN, Magnet Program Director and Manager of Professional Practice

The framework to support professional nurses in their practice is outlined through the nursing professional practice model (PPM). An organization's nursing PPM represents the beliefs, ideals, and vital functions of nurses, and supports them in their everyday practice. At Princeton Medical Center (PMC), the Professional Development Council is responsible for the professional development of nurses, with one of its major duties being to evaluate the nursing PPM and provide education on it.

In 2018, the Professional Development Council began work to update the PPM. The existing schematic was constructed around Princeton HealthCare System (PHCS), using **P**romoting **H**ealth and **C**aring **S**ervice in the model. The goal in updating the PPM was to blend the existing version with the new values gained from joining Penn Medicine.

The Professional Development Council began reaching out to nurses for recommendations for change by placing a poster of the existing PPM on each nursing unit and providing Post-It notes so



clinical nurses could make suggestions directly on the poster. After each unit had time to evaluate the model, the feedback was brought back to the Professional Development Council for consideration. Those providing input unanimously agreed that the PPM should continue to utilize the existing PHCS design, as these values and nursing theories remained relevant and reflective of our ideals. To **P**romote health, clinical nurses suggested that the updated PPM highlight their commitment to safe patient care. Additionally, promoting **H**ealth needed to include the PMC nursing commitment to educate patients as well as the community on healthy choices and informed decisions. To promote **C**aring **S**ervice, it was suggested that the model include PMC nursing dedication to providing culturally competent care. It was also suggested the description of nurses be updated to remove the term “compassionate,” since this is considered a standard of nursing care. It was suggested the term “educator” be added to the role of the nurse, since educating patients, families, and the community plays an integral role in the health and wellness of those served by PMC nurses.

The outer ring of the model, known as the care delivery system (CDS), depicts how the nurse promotes Health and Caring Service. The feedback received indicated that service excellence, the basis of the CDS, is integral to PMC’s vision, mission, and values, as well as the nurse’s commitment to redefine patient, family, and community care. The decision was made to remove the term “accountability,” as most PMC nurses felt they were accountable. They felt, based on their new role in the Penn Medicine system, as well as the updated mission, vision, and values of the organization, the new CDS needed to include their role in being “innovative” and “empowered.”

The updated PPM was approved by the Professional Development Council and presented to all clinical nurses in the winter of 2019 via a huddle. Each unit received poster copies of the PPM to display as well. Continued education on the updated PPM will be completed during 2020, as PMC prepares for its next Magnet re-designation.



IRB Active Nursing Studies List (MT)

BOARD #	REVIEW TYPE • Full Board • Exempt • Expedited	PROTOCOL #	PRINCIPAL INVESTIGATOR	TITLE	ORIGINAL APPROVAL DATE
2326	Full Board	DuPuy Orthopedics, Inc., and J&J	Juliet Puorro, RN	"Randomized, Controlled Evaluation of Health Partner mHealth (Health Partner) for Total Joint Replacement at Princeton Healthcare System"	5/24/17
2342	Exempt	Exempt	Rebecca Trotta, PhD, RN-PI Erika Nicholls, BSN, RNC-EFM-Co-PI Robin Herman, MSN, RN, CCRP-Co-PI	"Incidence and Severity of Secondary Traumatic Stress Among Labor and Delivery Nurses Who Attend Traumatic Births"	7/25/18
2343	Exempt	Exempt	Rebecca Trotta, PhD, RN-PI Robin Herman, MSN, RN, CCRP-Co-PI Erin Teeter, BS, RN-Co-PI	"Understanding Moral Distress Among Inpatient Oncology Nurses"	
2327	Exempt	Exempt	Sharon Cavone, RN, BSN, OCN (PI) <i>Principal Investigator:</i> Karen Davison, RN, BSN, OCN <i>Co-Investigators:</i> Tina Inverso, RN, BSN Kelly McGlew, GN Lori McMullen, RN, MSN, OCN Courtney Smith, GN Sheryl Smolensky, RN, OCN	"Nausea and Vomiting in our Breast Cancer Patients Receiving Chemotherapy: A Retrospective Pilot Study"	7/25/18

BOARD #	REVIEW TYPE • Full Board • Exempt • Expedited	PROTOCOL #	PRINCIPAL INVESTIGATOR	TITLE	ORIGINAL APPROVAL DATE
2236	Exempt	Exempt	Barbara DiCicco-Bloom, RN, PhD	"Relationships Among Professional Staff in a Hospice Program"	6/24/17
2354	Full Board	Full Board	Judith Kelly, MSN, RN-PI	"Improving Healing Times of Diabetic Foot Wounds with Early Mobility and Offloading"	4/23/12
			<i>Co-Investigators:</i> Connie Johnson, MSN, RN Ingrid Franco, BS, RN Alicia Becker, RN-BC April Em, PT, DPT Anthony M. Fattori, COTA Dr. Panagiotis Panagakos Dr. Elliot Sambol	"Inherited Cancer Registry (ICARE)" "Disparities in Distress Screening Among Lung and Ovarian Cancer Survivors"	3/27/19 3/27/2019
2356	Exempt	Exempt	Tina Inverso, BSN, RN, OCN Brianna McDaniels		4/244/2019
2357	Exempt	Exempt	Jan Legg BS, CTR		
			<i>Co-Investigators:</i> Karen Davison, BSN, RN, OCN Lori McMullen, MSN, RN, OCN Tina Inverso, BSN, RN, OCN		

Clinical Advancement and Recognition of Excellence (C.A.R.E.) Nurses

RN 1

Janis Carnevall
Joann Daquiz
Diana Ferraccio
Eileen Gutcho
Catherine Heron
Gilda Hilario
Lauren Mancino
Onnie Mancino
Jordan Mento
Deborah Negron
Kirti Patel
Agnieszka Rivera
Louis Siano

RN 2

Riza Abayon
Caroll Adams
Rachel Adap
Nancy Alpaugh
Kathy Amberg
Anita Anzalone
Kelsey Arce
Amy Assadourian
Julie Bacalla
Jessica Baltadonis
Sharon Barna
Alicia Battagliotti
Patricia Bechamps
Cassidy Bergeron
Kelly Berlin
Alanna Berry
Dolores Blauth
Pamela Bloom
Laura Borruso
Kathleen Bueschen
Christine Cameron Tini
Amy Campbell
Joanne Cariaga
Alexis Casano

Littymol Chacko
Stella Chang
Xiaohong Chen
Kristyn Chiarello
Kelly Clark
Erica Colon
Kristyn Compitello
Bianca Csapo
Debra Davies
Karen Deffler
Nicole Demetroulakis
Eileen Devlin
Veronica Dizon Tiongko
Robbie Domingo
Rebecca Drexler
Sandra Dutcher
Donna Eicke
Jamie Ellmer
Sveta Elmoudden
Edna Foley
Shirlene Foreman
Aleux Fuentes
Shelby Gies
Kathleen Giovannetti

Rebecca Godofsky
Nicole Goldstein
Kristin Gonzalez
Cynthia Gould
Jacqueline Graciani
Sarah Grassi
Michelle Guarnizo
Colleen Haraz
Carroll Harrell
Jillian Hart
Kelly Hartt
Nancy Hassanein
Christine Hicks
Karen Hinchliffe
Stacy Horowitz
Joanna Hummel
Joan Jaczko
Qinghe Jiang
Christine Kelly
Laure Kelly
Michael Kelly
Mary Kiensicki
Laurie Kopanyi
Cheryl Kotanski

Jessica Laurendeau
Delaney Lawson
Meredith Lenhardt
Jeanette Levin
Lindawati Lim
Jennifer Liu
Candice Lockhart
Deborah Lord
Paige Madary
Mary Maguire
Cheryl Mallick
Sujana Mallipattu
Samantha Marquis
Rebecca Masih
Christina Massoni
Fran McKinley
Yaroslava Melnyk
Stella Molineros
Amanda Muller
Caroline Murphy
Jennifer Neumann
Jennifer Nickels
Esmeralda Nogue-Doyle
Kathryn Nyce

Kristin Oliver
Husham Omer
Diana Paczkowski
Ila Patel
Jyotsna Patole
Lindsay Paz
Rachel Peters
Carol Phang-Perez
Samantha Pizarick
Nataliya Platonava
Karla Ratliff Britt
Robin Raunig
Lisa Recchione
Linda Rice Dennehy
Alyssa Sager
Alyssa Salerno
Crystal Satchell
Helen Schnarr
Elizabeth Sengstack
Tina Senoo
Nandrouti Singh
Courtney Smith
Marlene Smith
Clare Ann Spadea

Mary Ellen Spencer
 Katie Stevens
 Maria Stout
 Sharon Stravinsky
 Brenna Strollo
 Marcia Szochet
 Brittany Szymanski
 Valerie Till
 Keoduangchay Titre
 Cathy Trenton
 Sheila Troiano
 Alexandra Vazquez
 Marites Ventus
 Elaina Volpe
 Deborah Walsh
 Jessica Ward
 Vivian Weng
 Allison Woodruff
 Charul Yadav
 Allison Yiacas
 Jeong Yoon
 Nicole York

RN 3

Claire Abdill
 Regina Adams
 Veronica Amegavluie
 Susan Ayres
 Devaki Balasingham
 Lorna Barron
 Alicia Becker
 Natalie Bleakley
 Galit Bloomer
 Stacy Booher
 Katherine Bradford
 Michelle Bradford
 Christina Brescia
 Elizabeth Brogan
 Senora Brooks
 Sarah Capuli
 Christian Catiis
 Sharon Cavone
 Gail Charette
 Jane Clark
 Krystle Anne Coughlin
 Sarah Dalby
 Karen Davison
 Melanie Delin

Christina DeValue
 Benjamin Diccion
 Pamela Ellet
 Carol Fabian
 Mayda Federovitch
 Luchy Fernandez
 Bernadette Flynn Kelton
 Allyson Freda
 Danielle Galanowsky
 Lakeisha Gayles
 Kim Giese
 Dana Goosen
 Maria Gould
 Gary Greenfeder
 Sharon Hamilton
 Samantha Herman
 Barbara Heruska
 Ngoc Hoang
 Maryann Hoydal
 Dana Hvisdock
 Malika Ibrokhimova
 Tina Inverso
 Cherlisse Javier
 Barbara Johannes

Fanta Kallon
 Peggy Kenny
 Dina Kenyon
 Barbara Ketterer
 Kristin Kreider
 Subha Kukkala
 Kelly Lacava
 Brian Lake
 Norma Lamo
 Adriana Lazo Brito
 Katie Liberi
 Anna Lybarger
 Dawn Mabin
 Jenna Magid
 Erin Malinowski
 Alice Matey
 Sheena Mathew
 Kimberly Oldham
 Olubukola Osinowo
 Leeann Popovich
 Griselda Quia
 Cheryl Raymond
 Maria Reyes
 Jaqueline Ryan

Lisa Sabo
 Alice Savacool
 Deborah Savastano
 Carol Schwab
 Amy Sheehan
 Eileen Sheppard Hinkle
 Elena Shupak
 Nosisa Siziba
 Sheryl Smolensky
 Eleanora Soskend
 Hina Summers
 Edit Surbliene
 Julie Tiangco
 Corinne Timberman
 Colleen Toler
 Maria Valades
 Mary Vilardi
 Monica Walmsley
 Josephine Waseleski
 Linda Werner
 Megan Yellareddigari
 Stanley Zheng

RN 4

Gail Haftel
 Shana Joshua
 Lori Mozenter
 Jillian Ventura
 Janet Viscomi
 Ellen Winkle

Clinical Excellence Awards Winners

Lillian Brunner Award

Danielle Galanowsky

Dianne Lanham Award

Cheryl Raymond

Helen McLelland Award

Tina Inverso

Rosalyn J. Watts Award

Bernadette Flynn-Kelton

Victoria L. Rich Award

Mindaline Tanpiengco

Nursing Excellence Awards

ACE

Kelly Clark
Joann Daquiz
Xialzing Defalco
Veronica Dizon-Tiongko
Kelly Lacava
Norma Lamo
Christina Maslyn
Christina Massoni**
Amanda Muller
Elizabeth Sengstack
Courtney Smith
Julie-Anne Tiango

AC/Nsg Admin

Linnea Gimour
Kathleen Hubbs

ACO Princeton Medicine

Christine Diaz*
Karen Jacko

AR

Alyson Klingler*
Morris Wambu

ASC

Kathleen Bueschen
Karen Deffler
Colleen Haraz
Carroll Harrell
Dawn Mabin
Jackie Ryan
Linda Werner*

BMS Clinic

Sharon Barna
Teri Nachtman*
Ila Patel
Maryellen Spencer

Breast Health Center

Mary Kiensicki*

Cancer Center

Karen Davison*
Cancer Program
Corabeth Reyes*
OPI
Sheryl Smolensky*
Rad Onc

Community Wellness

Berndette Flynn-Kelton, BSN, RN*

CCU

Lorna Baron
Xiaohong Chen
Mayda Federovitch
Kim Giese
Gary Greenfeder
Michael Kelly
Linda Lim
Khaled Rady
Janet Viscomi*
Sharon Wriolie

CDU

Filomena Gutierrez
Jessica Williams*

Diabetes/Occ Health

Louise Gross*

EDU

Ngoc Hoang
Fanta Kallon
Danielle Lancsak
Anna Lybarger*
Amber Molineux
Lisa Sabo
Samantha Steffey

ER

Charlotte Amuquandoh
Michelle Bradford
John Denson
MaryAnn Hoydal
Kenneth Ilg
Randi Killian
Elena Shupak
Aneta Siwik
Maria Valades*
Adrienne Williams

Float Pool

Alicia Becker *
Luchy Fernandez
Samantha Glackin

HomeCare

Dorothea Sabella*

Informatics

Miriam Lecureux*

IR

Benjamin Diccion*

LD

Jessica Beers
Katie Chudy*
Edna Foley
Eileen Gutcho
Laurie Hess-Bulinsky
Katie Liberi

MBU

Sheena Jebu*

MF

Barbara Johannes*

MNO

Claire Abdill
Michelle Dassa
Michelle Fendler
Daniel Halverson
Dean Lucchesi
Edita Surbliene
Jillian Ventura*

NICU

Heather Arnold
Joanne Cariaga
Krystle Anne Coughlin
Diana Ferraccio
Maria Gould
Barbara Heruska*
Gilda Hilario
Cherish Javier
Carol Phang-Perez

OR

Kim Oldham*

PACU

Kathy Amberg*
Sandy Dutcher
Shirlene Forman

PEDS

Rebekah Backes
Littymol Chacko
Samantha Herman
Shana Joshua*
Yaroslava Melnyk
Jyotsna Patole
Griselda Quia
Caroline Rivera

Peri-op

Donna Starlling*

SCU

Sue Anderson
Sarah Capulli
Christina DeValue
Jamie Ellmer
Alexus Fuentes
Lauren Heddy*
Nada Kandil
Rebecca Masih
Tuyet Nguyen
Diana Pichardo
Vaishali Singh
Hina Summers

TELE

Alexis Casano
Kristyn Chiarello*
Jane Clark
Stefanie Devine
Ampy Nebres
Nosisa Siziba
Alicia Sosinsky
Guia Urbina
Charul Yadav
Nicole York

* Winner

** Overall Winner

Assistant Nurse Managers

Dee Balasingham
Alanna Barry
Dolores Blauth
Galit Bloomer
Laura Borruso
Katie Bradford
Robin Cherney
Boryana Dorvil
Allyson Freda
Lakeisha Gayles
Kristin Gonzalez
Dana Hvidock
Joan Jaczko
Brian Lake
Lindsay Paz*
Barbara Reese
Dawn Rittley
Denise Romeo
Sharon Stravinsky
Corinne Timberman
Mary Vilardi
Agnes Wiernasz

CNLs/Educators

Jeannie Arena
Debbie Brian-Taft
Donna Covin
Sophia Desrosiers
Allison Healy
Connie Johnson
Judy Kelly
Kelly Lamonica*
Wendy Luca
Alison Michaels
Elizabeth Shokoff
Susan Straszynski

Managers

Daphne Berei
Carolina Biala
Karyn Book
Jennifer Bousenberry
Katelyn Brennan
Patricia Chehanske
Jeffrey Cliver
Lauren Firman
Brielle Hamilton
Jennifer Hollander
Geraldyn Karpicsak
Ellen Kenny
Sandra Mariani
Lori McMullen*
Mindi Nahoum
Donna Post
Kathleen Ryan
Humility Sumayang
Karen Sylvester
Mindaline Tanpiengco
Richshelle White

* Winner

DAISY Winners

January

Benjamin Diccion, BSN, RN;
Interventional Radiology

February

Carol Schwab, BSN, RN, CMSRN;
Float Pool

March

Jennifer Demko, BSN, RN;
Critical Care Unit

April

Joanie Jaczko, BSN, RN;
Telemetry

May

Melanie Delin, BSN, RN, OCN;
Medical Neurology Oncology

June

Jessica Baltadonis, RN;
Surgical Services

July

Sharon (Xiangyun) Tai, RN;
Clinical Decision Unit

August

Kelly Clark, BSN, RN;
Acute Care of the Elderly

September

Morgan Conroy, RN;
Emergency Department

October

Amanda Cucarese, BSN, RN;
Surgical Care Unit

November

Maria Del Mar Garcia Rozada;
Medical Neurology Oncology

December

Julianne Ryder, BSN, RN, CCRN;
Critical Care Unit

HealthStream Courses

- 7th Edition NRP Instructor Renewal
- 7th Edition NRP Provider
- Advanced Code Blue
- Aromatherapy
- ASAP Sepsis BPA Alert
- Basic Arrhythmia Course
- Blood Transfusion Education
- Blood Transfusion NA
- CAUTI Prevention (Sure Step)
- Chemotherapy Spills
- CIWA Training
- Clinical Skills Fair Attestation
- Code Blue Ancillary
- Code Stemi RN
- Critical Lab Value Notification
- CSSRS (2019)—PHBH Inpatient
- Diversity in the Workplace
- EDU Monitored Meals
- Extravasation
- Eye Washing Station Competency
- Fall Risk
- Humpty Dumpty Pediatric Fall Risk Assessment
- Malignant Hyperthermia
- Memorial Fall Risk Tool
- Newborn Exam
- One to One Education
- Pain Management
- Pain Management Education at Discharge
- Patient Centered Nurse Report
- Peer Support (PH)
- POC Clinitek Urine Pregnancy
- Point of Care Testing (Glucometer)
- Purposeful Rounding
- RN Code Blue Review
- Q15 Min Checks
- Recognizing and Responding to Human Trafficking in a Healthcare Context
- Safe Patient Handling
- Team Communication
- Updates to One to One Policies & Procedures
- Urine Dipstick

Continuing Education Credits Offered

Activity Title	Start Date	Credits Offered
Basic Arrhythmia Course	2/1	6.5
Charge Nurse Course	3/28	5
Basic Arrhythmia Course	4/5	6.5
Basic Arrhythmia Course	5/3	6.5
Stroke Recognition and Early Management	5/9	1
Stroke Education Day	5/29	7
Critical Care Trends Day	5/15	7
Float Education	4/25	4.25
Basic Arrhythmia Course	6/7	6.5
Basic Arrhythmia Course	7/12	6.5
Basic Arrhythmia Course	8/2	6.5
Acute Rehab Education Day	9/24	5.75
Basic Arrhythmia Course	10/4	6.5
Charge Nurse Course	10/21	5
Acute Rehab Education Day 2nd group	10/18	5.75
Basic Arrhythmia Course	12/6	6.5
Orthopaedic Day	10/25	7.5
Preceptor Course	4/8	4
Float Education	10/22	3.5
ELNEC	12/2 & 12/9	13.5
Basic Arrhythmia Course	11/1	6.5
Basic Arrhythmia Course	9/6	6.5
Oncology Education Day	10/2	7.25
Behavioral Health Education Day	10/11	6
Preceptor Course	12/30	4
Total		151.5

Poster Presentations

Title	Author	Conference	Location
Meeting the Demand for Pelvic Wellness	Ashley Palmisano, BSN, RN, ONC, CURN	Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Conference	Atlanta, GA
Psychiatric Mental Health Nursing: Career Choice and Longevity of African American Registered Nurses	Robbi K. Alexander, PhD, APRN, PMHCNS-BC	American Psychiatric Nurses 33rd Annual Conference	New Orleans, LA
Exploring Nurses' and Patients' Perceptions of Home and Hope-Engendering Nurse Interventions in an Eating Disorder Facility: A Descriptive Cross-Sectional Study	Robbi K. Alexander, PhD, APRN, PMHCNS-BC	American Psychiatric Nurses 33rd Annual Conference	New Orleans, LA
Laborhood	Paddy Chehanske, BSN, RN Ken McDow, RRT-NPS, FAAP	Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)	Atlanta, GA
Designing and Implementing a Comprehensive Age-Related Evaluation and Support (CARES) Program to Promote Optimal Quality of Life and Reduce Oncology Treatment Toxicity for Elderly Patients	Lori McMullen, MSN, RN, OCN	International Society of Geriatric Oncology	Geneva, Switzerland
Preoperative Carbohydrate Treatment for Joint Replacement Patients	Elizabeth Shokoff, MSN, RN, ONC Juliet Puorro, MSN, RN, ONC	National Association of Orthopaedic Nurses (NAON) Congress	Atlanta, GA

Title	Author	Conference	Location
Journey of the Patient with Rare Wounds	April Em, PT, DPT Connie Johnson, MSN, RN Michael Katzman, MSN, RN Elizabeth Shokhoff, MSN, RN, ONC	WOW- Wild on Wound Conference	Las Vegas, NV
Enhancing Recovery—Raising Awareness of Everyday Struggles of Patients with Ostomies	Judy Kelly, BSN, RN, COCN, WCC Connie Johnson, MSN, RN, WCC, OMS, LLE, DWC	WOW- Wild on Wound Conference	Las Vegas, NV
Bedside Shift Report	Shana M. Joshua, MSN, RN, CBC	National Association of Indian Nurses of America (NAINA) Clinical Excellence Conference	East Hanover, NJ
Implementing Stillbirth Legislation: The Time Has Come	Sue Straszynski, MSN, RN, RNC-OB, G-EFM, CPLC	Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Conference	Atlanta, GA
The Effects of Anesthesia on the Pediatric Developing Brain: Strategies to Reduce Anesthesia Use in Pediatric MRI and Nursing's Role in Driving Patient Safety	Kari Mastro, PhD, RN, NEA-BC	NYU Langone Health's 23rd Annual Nursing Research Conference	New York, NY

Podium Presentations

Title	Author	Conference	Location
Engaging Psychiatric Nurse Practitioner Students through an Integrated Team-Based Simulation Experience	Robbi K. Alexander, PhD, APRN, PMHCNS-BC	American Psychiatric Nurses 33rd Annual Conference	New Orleans, LA
Ostomy Management, Tubes and Drains	Connie Johnson, MSN, RN, WCC, LLE, DWS, OMS	The Wound Expo	Washington, DC
Beyond Bricks and Mortar: Building on Our Journey of Excellence	Geralyn Karpiscak, MSN, RN, NEA-BC	Mid Atlantic Alliance for Performance Improvement	Malvern, PA
Reducing Anesthesia Use for Pediatric Magnetic Resonance Imaging: The Effects of a Patient and a Family-Centered Intervention on Image Quality, Healthcare Costs, & Operational Efficiency	Kari Mastro, PhD, RN, NEA-BCC	NYU Langone Health's 23rd Annual Nursing Research Conference	New York, NY

Published Articles

Title	Author	Conference	Location
Challenging Stereotypes: A Glimpse Into Nursing's Difficulty Recruiting African Americans	Journal of Professional Nursing	Robbi K. Alexander, PhD, APRN, PMHCNS-BC	June 2019
Patient Assistance Programs: Easing the Burden of Financial Toxicity During Cancer Treatment	Clinical Journal of Oncology Nursing	Lori McMullen, MSN, RN, OCN	October 2019
Competency Based Orientation Program	National Association of Indian Nurses of America Journal	Shana M. Joshua, MSN, RN, CBC	November 2019
The Effects of Anesthesia on the Pediatric Developing Brain: Strategies to Reduce Anesthesia Use in Pediatric MRI and Nursing's Role in Driving Patient Safety	Journal of PeriAnesthesia Nursing	Kari Mastro, PhD, RN, NEA-BC (<i>et al.</i>)	October 2019
Reducing Anesthesia Use for Pediatric Magnetic Resonance Imaging: The Effects of a Patient and a Family-Centered Intervention on Image Quality, Healthcare Costs, & Operational Efficiency	Journal of Radiology Nursing	Kari Mastro, PhD, RN, NEA-BC (<i>et al.</i>)	March 2019
The DNP Nurse Leadership Potential: Evolution and Challenges	<i>chapter published in</i> The DNP Nurse in Executive Leadership Roles	Kari Mastro, PhD, RN, NEA-BC (<i>et al.</i>)	2019
Health System Transformation, Quadruple Aim and Quality Improvement	<i>chapter published in</i> The DNP Nurse in Executive Leadership Roles	Kari Mastro, PhD, RN, NEA-BC (<i>et al.</i>)	2019

Degrees

Name	Credentials	Unit	New Degree	Month	School
Littymol Chacko	BSN, RN	Pediatrics	BSN	April	Chamberlain School of Nursing
Kimberly Enterline	MSN, RN, CCRN	Education	Certificate in Sustainable Business Strategy	September	Harvard University
Dana Goossen	MSN, RN	OR	MSN	December	Duke University
Kathleen Haughey-Eannone	MSN, RN-BC	PHBH Wing 3	MSN	December	Chamberlain School of Nursing
Kristin Kreider	MSN, APN, RNFA, CNOR	OR	MSN	February	Walden University
Kelly LaMonica	DNP, RNC-OB, EFM	Education	DNP	November	Grand Canyon University
Danielle Lancsak	BSN, RN	EDU	BSN	June	Jacksonville University
Andrea Lynn	MSN, RN, CPN	Pediatrics	MSN	May	The College of New Jersey
Yaroslava Melnyk	BSN, RN	Pediatrics	BSN	June	Thomas Edison State University
Erica Norris	BSN, RN	PAT	BSN	May	University of Texas at Arlington
Edward Oladipo	BSN, RN-BC	Princeton House	BSN	September	Thomas Edison University
Elizabeth Pavlovsky	MSN, APRN, AGPCNP	Float	MSN	August	University of Pennsylvania
Meike Robertson	BSN, RN	Cancer Center	BSN	August	Western Governors University
Kristine Rodriguez	BSN, RN	Telemetry	BSN	July	College of Saint Elizabeth
Alice Savacool	BSN, RN	ASC	BSN	July	Walden University
Nosisa Siziba	MSN, APRN, PCCN	Telemetry	MSN	May	Georgetown University
Jillian Ventura	BSN, RN	MNO	BSN	July	Walden University

Certifications

Name	Credentials	Unit	New Certification	Organization
Alicia Battagliotti	BSN, RN, EFM-C	Labor & Delivery	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Michelle Bradford	BSN, RN-BC, CEN, CPEN	Emergency Department	Medical-Surgical Registered Nurse (RN-BC)	American Nurses Credentialing Center (ANCC)
Lisa Conley-Peiffer	RN, PMHN-BC	Princeton House	Psychiatric Mental Health Nurse (PMHN-BC)	American Nurses Credentialing Center (ANCC)
Caroline Dudley	RN, CBC	MBU	Certified Breastfeeding Counselor (CBC)	Prepared Childbirth Educators (PCE)
Noella A Folkes-Nero	RN, CBC	MBU	Certified Breastfeeding Counselor (CBC)	Prepared Childbirth Educators (PCE)
Kristin Kreider	MSN, APN, RNFA, CNOR	OR	Adult-Gerontological Primary Care Nurse Practitioner (AGPCNP)	American Association of Critical Care Nurses (AACN)
Svetlana Kuzmina	BSN, RN, EFM-C	Labor & Delivery	Electronic Fetal Monitoring Certified (EFM-C)	National Certification Corporation (NCC)
Stacey Hamaoui	BSN, RN, CCRN	ACE	Critical Care Registered Nurse (CCRN)	American Association of Critical Care Nurses (AACN)
Stacy Horowitz	BSN, RN-BC	Princeton House	Psychiatric Mental Health Nurse (PMHN-BC)	American Nurses Credentialing Center (ANCC)
Anna Lybarger	BSN, RN, PMHN-BC	EDU	Psychiatric Mental Health Nurse (PMHN-BC)	American Nurses Credentialing Center (ANCC)
Andrea Lynn	MSN, RN, FNP-BC, CPN	Pediatrics	Family Nurse Practitioner (FNP-BC)	American Academy of Nurse Practitioners (AANP)
Pauline Okorie	BSN, RN, CCRN	CCU	Critical Care Registered Nurse (CCRN)	American Association of Critical Care Nurses (AACN)
Edward Oladipo	BCN, RN-BC	Princeton House	Psychiatric Mental Health Nurse (PMHN-BC)	American Nurses Credentialing Center (ANCC)
Ashley Palmisano	BSN, RN, ONC, CURN	Center for Pelvic Wellness	Certified Urology Registered Nurse (CURN)	Certification Board for Urologic Nurses and Associates
Lisa Sabo	BSN, RN, PMHN-BC	EDU	Psychiatric Mental Health Nurse (PMHN-BC)	American Nurses Credentialing Center (ANCC)
Nosisa Siziba	MSN, APRN, PCCN	Telemetry	Adult-Gerontological Primary Care Nurse Practitioner (AGPCNP)	American Association of Critical Care Nurses (AACN)
Cindy Talerico	BSN, RN-BC	Princeton House	Psychiatric Mental Health Nurse (PMHN-BC)	American Nurses Credentialing Center (ANCC)
Julie-Anne Tiangco	BSN, RN-BC	ACE	Gerontological Nurse Certification (RN-BC)	American Nurses Credentialing Center (ANCC)
Corinne Timberman	BSN, RN, PMHN-BC	EDU	Psychiatric Mental Health Nurse (PMHN-BC)	American Nurses Credentialing Center (ANCC)



Penn Medicine
Princeton Medical Center





Penn Medicine
Princeton Medical Center

